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RE: "ARE AMERICANS FEELING LESS HEALTHY? THE PUZZLE OF TRENDS IN SELF-RATED HEALTH"

Comparing aggregate levels of self-rated health in 4 national surveys conducted between 1971 and 2007 in the United States, Salomon et al. (1) conclude that self-rated health is unsuitable for monitoring changes in population health and health disparities over time. While the study raises important issues related to comparisons of self-rated health over time, we do not see their study as evidence against the use of self-rated health in population health research, for the following reasons.

First, Salomon et al. (1) conclude that self-rated health levels were very different in the 4 surveys examined. Close

examination, however, reveals that the range of variation across surveys at any given time is not markedly different. Among the 3 surveys with measures for identical years for 1998–2008 (Figure 4 in the Salomon et al. paper), differences in the prevalence of reporting fair or poor health ranged from 3 to 5 percentage points. Because the figure does not include confidence intervals, the relatively small differences could be due to random fluctuation as well as nonrandom variation attributable to subtle differences among surveys in design, time of the year of measurement, nonresponse rates, mode effects, framing and ordering effects, and many other potential design differences that can generate variations of this magnitude. It is therefore important that the differences observed by Salomon et al. be interpreted with caution.

Second, Salomon et al.'s (1) conclusion that self-rated health is an unreliable measure to examine trends in population health is somewhat beyond the scope of their analysis, since they analyze *only* trends in self-rated health. To examine reliability, they would have to formally compare trends in self-rated health alongside trends in a ''gold standard'' measure of ''true health,'' whatever that might be, which the study does not. It is plausible that trends in self-rated health in any of these surveys may mirror trends in true health over time. Consequently, the study by Salomon et al. cannot answer the question of whether self-rated health is a reliable measure to examine trends in population health.

Third, Salomon et al. (1) argue that self-rated health is unreliable in estimating trends in socioeconomic disparities in self-rated health. However, overall health can be assessed only by comparing trends in disparities in self-rated health with trends in a measure of true health. Importantly, evidence suggests that the predictive ability of self-rated health to mortality is comparable across most educational categories, so that self-rated health does not seriously overestimate educational differences in ''objective'' health status (2, 3). Although until now examined for only self-ratings of specific health dimensions, recent evidence for developing countries suggests that reporting heterogeneity does not seem to lead to substantial reporting bias in measuring health disparities (4). Furthermore, the remarkable consistency of associations between socioeconomic status and self-rated health across countries suggests that it is at least a reliable measure of the presence and direction of the socioeconomic gradient in health in many different country settings (5, 6).

Are we then attending the funeral of the self-rated health item as a measure of health? We believe the answer is no. Salomon et al. (1) help us understand how self-rated health might be sensitive to study design features, but concluding from this analysis that self-rated health is unreliable is premature.

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